

APPLICATION DATA SHEET**Application Information**

Application number:: 10/541,598

Filing Date:: 01/06/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: Listing

Number of CD disks:: 2

Number of copies of CDs::

Sequence submission?:: CD

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title :: METHODS OF TREATMENT AND DIAGNOSIS
OF KAPOSI'S SARCOMA (KS) AND KS
RELATED DISEASES

Attorney Docket Number:: 49321-142

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	South Africa
Status::	Full Capacity
Given Name::	Ashlee
Middle Name::	
Family Name::	Moses
Name Suffix::	
City of Residence::	Portland
State or Province of Residence::	OR
Country of Residence::	US
Street of mailing address::	3143 NE 18 th Ave.
City of mailing address::	Portland
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	97212

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Klaus
Middle Name::	
Family Name::	Frueh
Name Suffix::	
City of Residence::	Portland
State or Province of Residence::	Oregon

Country of Residence::	US
Street of mailing address::	1980 NW 113 th Avenue
City of mailing address::	Portland
State or Province of mailing address::	Oregon
Country of mailing address::	US
Postal or Zip Code of mailing address::	97229

Third Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jeffrey
Middle Name::	S.
Family Name::	King
Name Suffix::	
City of Residence::	Portland
State or Province of Residence::	OR
Country of Residence::	US
Street of mailing address::	1405 SE 34 th Ave.
City of mailing address::	Portland
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	97214

Fourth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	B.
Family Name::	Hicks
Name Suffix::	
City of Residence::	Portland
State or Province of Residence::	OR
Country of Residence::	US
Street of mailing address::	1859 Churchill Ter.
City of mailing address::	West Linn
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	97068

Fifth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Camilo
Middle Name::	
Family Name::	Raggo
Name Suffix::	
City of Residence::	Portland
State or Province of Residence::	OR

Country of Residence:: US
Street of mailing address:: 125 NW 20th Place #607
City of mailing address:: Portland
State or Province of mailing address:: OR
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97209

Sixth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jay
Middle Name:: A.
Family Name:: Nelson
Name Suffix::
City of Residence:: Tualatin
State or Province of Residence:: Oregon
Country of Residence:: US
Street of mailing address:: 21067 SW Meadow Way
City of mailing address:: Tualatin
State or Province of mailing address:: Oregon
Country of mailing address:: US
Postal or Zip Code of mailing address:: 97062

Correspondence Information

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 206-628-7621

Fax Number: 206-628-7699

E-Mail address:: barrydavison@dwt.com

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	US2004/000320	01/06/04
US04/000320	Non-Provisional of	US 60/438,343	01/06/03
US04/000320	Non-Provisional of	US 60/473,246	05/22/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Oregon Health & Science University
Street of mailing address::	2525 SW First Avenue, Suite 120
City of mailing address::	Portland
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	97201